

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL

FILING DATE

APPLICANT(S)

10/54 1570

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3	2			1		
4	2			1		
5	2			1		
6	2			1		
7	2			1		
8	2			1		
9	2			1		
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23	2			1		
24	2			1		
25	2			1		
26	2			1		
27	1			1		
28	1			1		
29	6			1		
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TOTAL IND.	1	↓	1	↓		↓
TOTAL DEP.	30	←	28	←		←
TOTAL CLAIMS	31	██████████	29	██████████		██████████

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS		██████████		██████████		██████████